

FITNESS REPORT

CONSULT ATTACHED INSTRUCTION SHEET BEFORE COMPLETING THIS REPORT

SECTION A					GENERAL				
1. NAME (Last) (First) (Middle)			2. BIRTH DATE	3. SEX	4. GRADE	5. SERVICE			
6. OFFICIAL POSITION TITLE					7. OFF/DIV /OR OF ASSIGNMENT		8. NOT ELIGIBLE		
9. DATE REPORT DUE IN OF		10. PERIOD COVERED BY THIS REPORT		11. MONTHS UNDER MY SUPERVISION		CAREER PENDING STAFF MEMBER STATUS DECLINED DEFERRED DENIED			
12. TYPE OF REPORT (Check one)		SPECIAL (Specify)		INITIAL	REASSIGNMENT-SUPERVISOR				
				ANNUAL	REASSIGNMENT-EMPLOYEE				

SECTION B				EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES			
LIST UP TO SIX OF THE MOST IMPORTANT SPECIFIC DUTIES PERFORMED DURING THIS RATING PERIOD. RATE PERFORMANCE ON EACH SPECIFIC DUTY, CONSIDERING ONLY THE EFFECTIVENESS IN PERFORMANCE OF THAT DUTY. ALL EMPLOYEES WITH SUPERVISORY RESPONSIBILITIES MUST BE RATED ON THEIR ABILITY TO SUPERVISE.							
DESCRIPTIVE RATING NUMBER	1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY			6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS			
	2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY			7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY			
	3 - PERFORMS THIS DUTY ACCEPTABLY						
	4 - PERFORMS THIS DUTY IN A COMPETENT MANNER						
	5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB						
SPECIFIC DUTY NO. 1			RATING NUMBER	SPECIFIC DUTY NO. 4			RATING NUMBER
SPECIFIC DUTY NO. 2			RATING NUMBER	SPECIFIC DUTY NO. 5			RATING NUMBER
SPECIFIC DUTY NO. 3			RATING NUMBER	SPECIFIC DUTY NO. 6			RATING NUMBER

SECTION C				EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION			
TAKE INTO ACCOUNT EVERYTHING ABOUT THE EMPLOYEE WHICH INFLUENCES HIS EFFECTIVENESS IN HIS CURRENT POSITION - PERFORMANCE OF SPECIFIC DUTIES, PRODUCTIVITY, CONDUCT ON THE JOB, COOPERATIVENESS, PERTINENT PERSONAL CHARACTERISTICS OR HABITS, PARTICULAR LIMITATIONS OR TALENTS, ETC.							
<input type="checkbox"/> RATING NUMBER	1. UNSATISFACTORY		NOTE:				
	2. BARELY ADEQUATE		IF OVERALL EVALUATION IS <u>UNSATISFACTORY</u> , ATTACH COPY OF MEMORANDUM TO THE EMPLOYEE REGARDING HIS PERFORMANCE.				
	3. SATISFACTORY		IF OVERALL EVALUATION IS <u>OUTSTANDING</u> , JUSTIFY THIS EVALUATION IN SECTION E.				
	4. EXCELLENT						
	5. OUTSTANDING						

SECTION D								DESCRIPTION OF THE EMPLOYEE											
IF EMPLOYEE IS DEFICIENT WITH RESPECT TO ANY CHARACTERISTIC, RATE 1; IF OUTSTANDING, RATE 5. (IT IS EXPECTED THAT MOST RATINGS WILL BE 2, 3 OR 4)																			
PERSONAL CHARACTERISTICS												NOT APPL.	NOT OBS.	RATING					
														1	2	3	4	5	
GETS THINGS DONE																			
RESOURCEFUL																			
ACCEPTS RESPONSIBILITIES																			
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES																			
DOES HIS JOB WITHOUT STRONG SUPPORT																			
FACILITATES SMOOTH OPERATION OF HIS OFFICE																			
WRITES EFFECTIVELY																			
SECURITY CONSCIOUS																			

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 EMPLOYEE FOR IMPROVEMENT OF HIS WORK. AMPLIFY OR EXPLAIN, IF APPROPRIATE, RATINGS GIVEN IN SECTIONS B, C AND D TO PROVIDE THE BEST BASIS FOR DETERMINING FUTURE PERSONNEL ACTIONS.

SECTION F

CERTIFICATION

1. FOR THE EMPLOYEE:

I CERTIFY THAT I HAVE BEEN THIS FITNESS REPORT

DATE _____ SIGNATURE _____

2. FOR THE SUPERVISOR:

IF THIS REPORT HAS NOT BEEN SHOWN TO THE EMPLOYEE, GIVE REASON
 EXPLANATIONS:

DATE _____

TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR
 OFFICIAL TITLE _____

3. FOR THE REVIEWING OFFICIAL: (CHECK ONE BOX)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.

I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH EMPLOYEE'S PERFORMANCE.

COMMENTS:

DATE _____

TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL
 OFFICIAL TITLE _____